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AUTHOR Totusek, Patsy F.
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ABSTRACT

Little has been done to identify the communication needs of nurses. The development of a model to use in examining their communication behavior can be an important first step in identifying those needs. The proposed model identifies four members of the staff nurse's role-set: patients, doctors, family members, and other nursing personnel. Each role-set member has communication expectations for the nurse that must be taken into consideration. Role expectations are used to analyze communication behavior between persons occupying different status positions. Interaction begins as two individuals attempt to identify the status of the other by analyzing verbal and nonverbal cues. Status identification allows for the recall or formulation of role expectations associated with the position in question. The concept of role expectations provides a general framework for the analysis of communication between a nurse and a status occupant. The communication needs of the focal person when interacting with more than one status occupant can be analyzed by identifying the potential sources of conflicting expectations and variables which influence the ranking of conflicting expectations. (MKM)

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THE DEVELOPMENT OF A MODEL TO ANALYZE THE COMMUNICATION BEHAVIOR OF STAFF NURSES

A paper presented at the annual meeting of the
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Patsy F. Totusek
Office of Research and Evaluation
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The Development of a Model to Analyze the Communication Behavior of Staff Nurses

A model is developed to identify the communication needs of staff nurses by analyzing the communication expectations associated with the nursing status.

Communication is often impaired by interference from psychological or sociological variables. Impairment of communication can result in misunderstandings, costly delays, or the inefficient use of information. Communication research attempts to alleviate such difficulties by examining the variables which influence the sending and receiving of messages. Systematic analysis of these variables increases knowledge of the ways in which information is exchanged, and identifies the needs of the communicator in the exchange process. Once research identifies communication needs, they can be used as the basis of communication training activities.

One type of communication training focuses upon the communication skills useful to those in organizational settings. The traditional approach to such training has been to teach students general communication principles which are helpful in most business environments. It is assumed students will be able to apply the general principles to their specific profession (MacDonald, 1975). There is some evidence, however, that this approach may place unrealistic demands upon the student. MacDonald found older, working students in an urban setting needed the relationships between communication concepts and their specific vocations to be made explicit. Similarly, Goetzinger and Valentine (1963) found employees in communication

training programs would not readily accept examples or problems which were not stated in terms of their specific jobs. Goetzinger and Valentine suggest that while the communication concepts may be clear, to provide training based on principles alone is "like policy without specific program" (p. 10). Lindh (1973) agrees with Goetzinger and Valentine that general materials are of limited value in communication training programs. While such materials may be convenient to the presenter, Lindh discovered case histories, observations, and notes had greater meaning and were more likely to generate participant acceptance, if they reflected the needs of the organization in question. These observations suggest, therefore, that communication training for individuals in a given profession is likely to be most relevant if it is based upon the specific communication needs of the occupation.

Despite the interest shown by nursing educators in including communication instruction in the nursing curriculum (Crenshaw, 1961; Knowles, 1975), a review of the speech communication[1] and nursing literature[2] reveals little has been done to identify the communication needs of nurses in a comprehensive, systematic manner. This report takes the first step in the identification process, by developing a model to use in examining the communication behavior of staff nurses. For the purposes of this report, a staff nurse is defined as a Registered Nurse (RN), a Licensed Vocational Nurse (LVN), or a Licensed Practical Nurse (LPN), who holds a nonadministrative position in a nursing unit.

Conception of the Nurse's Environment

A nurse's environment can be thought of as a system of statuses. According to Linton (1936), a status is a position to which certain rights and obligations have been ascribed by society. The rights and obligations associated with a status are called role expectations. Certain role expectations must be fulfilled if an individual is to continue occupying a given status (Nadel, 1957). A lifeguard, for example, must be able to swim and perform mouth-to-mouth resuscitation if the official lifeguard status is to be retained.

A nurse occupies a status, as do the doctors, patients, families, and staff members with whom the nurse comes in contact. Occupants of hospital statuses hold role expectations for both themselves and others, and among these role expectations are expectations involving communication behavior. It was felt the communication needs of staff nurses could be identified in a comprehensive manner, by comparing and contrasting the various communication expectations associated with the nursing position. The remainder of this report explains how communication expectations can be used to analyze the communication needs of nurses as they interact with one or more status occupants.

Communication with a Status Occupant

Whenever a nurse communicates with another individual, the nurse is communicating with a status occupant. Regardless of the status of the

individual with whom the nurse is interacting, the nurse's communication behavior can be understood by examining the concepts of: a) status identification and the formulation of role expectations, b) role sending, c) received role, and d) compliance with role expectations.

Status Identification

Sarbin (1954) states individuals encountering one another for the first time attempt to identify each other's statuses. Goffman (1959) implies information regarding an individual's status can be gathered by inspecting the individual's "front," which refers to the person's clothing, sex, age, racial characteristics, size, looks, posture, speech patterns, insignia of office, physical environment, etc.

After A has assessed B's verbal and nonverbal behavior, and the setting in which B's behavior occurs, A associates B's behavior with the behavior of those belonging to a particular organizational status. By assigning B to a specific status, A can respond to B according to the ways in which A has learned to respond to any member of the status in question. Goffman (1959) suggests role expectations help individuals define the situation, in that the role expectations let them know in advance what to expect of the status occupant (hereafter referred to as the focal person), and what the focal person will expect of them. It seems likely role expectations for a given status are influenced by previous encounters with occupants of the same or a similar status, personal enactment of the status, or by information obtained from the focal person, official documents, associates, or the public media.

Some variation in the behavior of occupants of the same status is expected, due to personality characteristics, physical or intellectual factors, or differences in the manner in which the role behavior was learned (Sargent, 1958; Newcomb, 1950). It is also apparent that the specificity of role expectations varies according to the breadth of the status. For example, certain broad expectations are associated with the status of parent. Role expectations are more clearly defined when speaking of a mother status, and become even more detailed when the status of a Jewish mother is of concern.

Katz and Kahn (1966) believe there are essentially two types of role expectations. The first type of role expectation refers to the focal person's formal organizational obligations. This kind of expectation concerns the duties and responsibilities the focal person assumes when occupancy of the status begins. The second type of expectation refers to the personal characteristics or mannerisms the focal person should demonstrate when performing the activities associated with the status. These expectations may prescribe the type of person the focal person should be, how the focal person should react to others, and the attitudes or values the focal person should hold. Katz and Kahn suggest these expectations are often designed so as to make life more pleasant for the individual formulating the expectations.

When a focal person holds a position which requires interaction with occupants of diverse statuses, Merton (1957) suggests the statuses encountered by the focal person be referred to as the focal person's "role-set."

As mentioned earlier, nurses typically interact with patients, doctors, families, and nursing personnel. Since occupants of these statuses may differ significantly in terms of education, influence in the hospital, and economic and cultural background, each can be considered a member of the nurse's role-set. Each role-set member formulates expectations for the nurse.

Role Sending

Katz and Kahn (1966) describe the way in which role expectations influence communication between a role-set member and the focal person:

> Role expectations for any given office and its occupant exist in the minds of members of his role-set and represent standards in terms of which they evaluate his performance. The expectations do not remain in the minds of members of the role-set, however. They tend to be communicated in many ways; sometimes as direct instructions, as when a supervisor describes to a subordinate the requirements of a job; sometimes less directly, as when a colleague expresses admiration or disappointment in some behavior. (p. 175)

Expectations are sent to the focal person by means of verbal and nonverbal communication. Katz and Kahn suggest role sending need not be a continuous process in that the focal person is likely to anticipate role expectations on the basis of previous interaction with the same or similar status occupants. As a result, role sending seems most likely to occur when the focal person's activities fall short, or threaten to fall short of behavior acceptable to the status occupant.

Received Role

The "received role" is the focal person's concept of the expectations associated with the status, and is the motivating source for the focal person's behavior (Katz & Kahn, 1966). Whereas the sent role tells the

focal person what to do, the received role is the focal person's conceptualization of what should be done. Katz and Kahn describe two variables which may cause the received role to differ from the sent role. For one thing, communication difficulties may cause the focal person to misinterpret the sent role. As a result, the focal person may unintentionally fail to fulfill role expectations. On the other hand, the received role may differ from the sent role due to perceptual differences between the role sender and the focal person. Katz and Kahn believe individuals form self-expectations, in that they have their own conception of their position and what their actions and attitudes should be. If the focal person considers sent expectations to be illegitimate, trivial, or coercive, the focal person may resist or ignore them. The expectations which are sent, therefore, are not necessarily the expectations which receive compliance.

Compliance with Role Expectations

Although resistance does occur, individuals generally tend to conform with the basic role expectations associated with their positions (Deutsch & Kraus, 1965; Young, 1947). Self-satisfaction may be one explanation for this conformity (Krech, Crutchfield, & Ballachey, 1962). If the role expectations associated with a position coincide with the focal person's personal goals, role compliance may be self-motivated. Conformity with role expectations may also be due to the focal person's experience with society's system of rewards and punishments (Newcomb, 1950). The focal person learns behavior which complies with role expectations is likely to be rewarded, while behavior which deviates from role expectations may result in punishment.

Nadel (1957) indicates expected compliance with general role obligations may vary according to the particular status occupant in question. Nadel suggests the development of a focal person's status behavior is dependent upon the responses the focal person receives from role-set members. Nadel's statement implies a different latitude of compliance may be granted to occupants of the same status, based upon their previous encounters with role-set members. If a nurse demonstrates exceptional talent in providing patient care, for example, deficiency in clerical expectations may not be weighed as heavily as it might under other circumstances.

Summary

This discussion has demonstrated the manner in which role expectations can be used to analyze communication behavior between a focal person and a status occupant. Interaction begins as the two individuals attempt to identify the status of the other, by analyzing verbal and nonverbal cues. Status identification allows for the recall or formulation of role expectations associated with the position in question. The focal person is informed of role expectations by direct or indirect means, and the expectations may refer to organizational obligations, traditional characteristics and mannerisms associated with the status, or the personal preferences of the role-sender. If the focal person's behavior deviates from the role expectations it may be unintentional due to the focal person's misunderstanding of the sent role, or intentional due to the focal person's greater reliance on self-expectations. The desire for gratification normally encourages conformity with role expectations, although

expected conformity with role expectations may vary according to the latitude allowed the focal person in question.[3]

The concept of role expectations presented in this section provides a general framework for the analysis of communication between a nurse and a status occupant. A nurse, however, communicates with more than one occupant from the same status, as well as occupants from diverse statuses. Since it is likely the status occupants with whom the nurse interacts will sometimes hold conflicting communication expectations for the nurse, a framework was developed which allowed for the analysis of a nurse's responses to antagonistic demands. The next section expands the theoretical framework suggested above, and provides a means of analyzing conflicting communication expectations associated with the nursing position.

Communication with Several Status Occupants

The communication needs of the focal person when interacting with more than one status occupant can be analyzed by identifying: a) potential sources of conflicting expectations, and b) variables which influence the ranking of conflicting expectations.

Sources of Conflict

When a focal person communicates with more than one occupant from the same status, Katz and Kahn (1966) suggest intersender conflict may occur. Intersender conflict takes place when the expectations of two or more senders from one status are incompatible, as when one member of a patient's

family asks the nurse to withhold certain information from the patient, while another family member urges the nurse to reveal the information to the patient. When the focal person's position requires interaction with members of diverse statuses, additional forms of conflict may take place. Interstatus conflict (Merton, 1957) occurs when the expectations of members from two or more statuses are incompatible, as when a doctor warns a nurse not to reveal critical information to a patient, while the patient demands the information from the nurse. Since the nurse is more accessible to the patient than the doctor, it is the nurse who must cope with the conflicting doctor-patient communication expectations. In some instances, the expectation of occupants of different statuses may be both legitimate and compatible, but the nurse is unable to satisfy each expectation within the time limits or quality range desired. Katz and Kahn (1966) call this type of conflict "overload," and comment:

> He [the focal person] is likely to experience overload as a conflict of priorities or as a conflict between quality and quantity. He must decide which pressures to comply with and which to hold off. If it is impossible to deny any of the pressures, he may be taxed beyond the limit of his abilities. (p. 185)

Ranking Conflicting Expectations

Given the potential for conflicting expectations when interacting with role-set members, it is important to identify the variables which affect the focal person's ordering of priorities. Merton (1957) has described several variables which influence the perception and ranking of conflicting role expectations. Among other things, Merton suggests:

1) Power may not be distributed equally among role-set members. Merton defines power as the "capacity to impose one's will in a social action,"

(p. 113). Merton indicates one role-set member may have a monopoly of power and dictate the behavior of the focal person. Similarly, some role-set members may develop a coalition of power so as to influence the behavior of others, or to be in a better position to behave as they please. Whatever the case, Merton emphasizes power is not a major influence on the focal person's behavior, unless it is accompanied by high involvement in the role relationship. If a high power role-set member has only a passing interest in the role relationship, the high power member is not likely to exercise power to its fullest capacity. Under such circumstances, the focal person is allowed a greater amount of autonomy than might otherwise be experienced.

Merton's comments suggest the focal person's response to conflicting expectations depends upon the focal person's perception of situational variables. If the focal person has communication expectations which conflict with the communication expectations held by role-set member A, the focal person must decide who has the greater amount of power. If the focal person believes A is the more powerful and is likely to exert power if the focal person does not conform to his expectations, the focal person is likely to conform to A's expectations. If the focal person believes his power is greater than A's power, the focal person is likely to deviate from A's expectations and act according to his own desires. The focal person assumes that if A intervenes, A's power is insufficient to threaten his position. It would seem that if the expectations of more than one role-set member conflict, the focal person must assess the relative power and interest of each.

2) The focal person does not interact continuously with all the members of the role-set. Interactions with role-set members tend to occur on an intermittent schedule, decreasing the observability of some aspects of the focal person's behavior. Undue stress is prevented because role-set members are not always aware the focal person is deviating from their sent expectations. Consequently, the focal person's response to conflicting expectations may depend upon whether deviating behavior is likely to be observed by the relevant role-sender, or whether the role-sender is likely to learn of the focal person's failure to conform to expectations through other channels. It may be the focal person deviates from the role-sender's expectations on a regular basis, confident that the role-sender is not aware of the deviation. On the other hand, the focal person may conform to the role-sender's expectations on an intermittent basis, dependent upon the amount of risk the focal person is willing to take in a given situation.

3) The focal person may seek advice and support from others occupying the same social status when the focal person is unwilling to take full responsibility for a decision. Association with others helps the focal person anticipate and develop standard ways of responding to conflicting role expectations. If the role-sender then finds fault with the focal person's behavior, the focal person may retaliate by stating "Everyone else handles the situation this way," or "I discussed this with the others and we felt this was best."

Nadel (1957) identifies another variable which may influence the focal person's perception and response to conflicting expectations. Nadel

compares role enactment to a game, with role expectations serving as the rules of the game. An institutionalized rule is a rule for which the rewards and punishments for conformity and deviation have been clearly defined and applied. Nadel believes the rigor attached to a particular rule is dependent upon the degree to which the rule has been institutionalized. The rule that a nurse will inform the doctor of changes in the patient's condition is far more strictly enforced than the rule that nurses will address and refer to patients by name. Failure to comply with the latter expectation may not be noticed. When conflicting expectations occur, therefore, they may be ranked according to the focal person's perception of their institutionalization.

Merton's and Nadel's observations suggest the particular ranking of conflicting expectations by a focal person is dependent upon the focal person's perception of situational variables, and the amount of risk the focal person is willing to take. The process of ranking expectations has been aptly described by Newcomb (1950) who comments:

> Social interactions are like financial transactions. In any given instance one must make an estimate of one's resources and of the risk involved. The kind of transaction or interaction which follows depends upon such estimates. (p. 320)

Development of a Model to Analyze Nursing Communication Behavior

A model was devised to organize the information on role expectations discussed in this section and the previous section, and to make direct application of the information to the nursing status. The model

is based upon a model developed by Katz and Kahn (1966, p. 182). Attachment A is a copy of the model.

The model identifies four members of the staff nurse's role-set: patients, doctors, family members, and nursing personnel. Each role-set member has communication expectations for the nurse. Role-set members send their expectations to the nurse by means of verbal and nonverbal communication. Sent expectations are used to inform the nurse of formal organizational responsibilities, traditional characteristics or mannerisms associated with nursing, or the personal preferences of the role-set member. When making their communication expectations known to the nurse, the role-set members may or may not be aware of the communication expectations expressed by other role-set members. Similarly, the role-set members may or may not express communication expectations for the nurse simultaneously. Consequently, the nurse may be responding to one, or more than one communication expectation at any given time.

The received role is the nurse's perception of the sent role expectations, including those expectations which are self-sent by the nurse. If the nurse does not feel the sent expectations conflict, the nurse will engage in communication behavior. If the communication behavior exhibited by the nurse conforms to the expectation(s) of a role-set member(s), the nurse's behavior will be rewarded in some fashion, thus encouraging conforming behavior in the future. The nurse's behavior may deviate from expectations, if the nurse misunderstands the sent expectations, or if the nurse is granted special privileges with regard to the enactment of specific expectations.

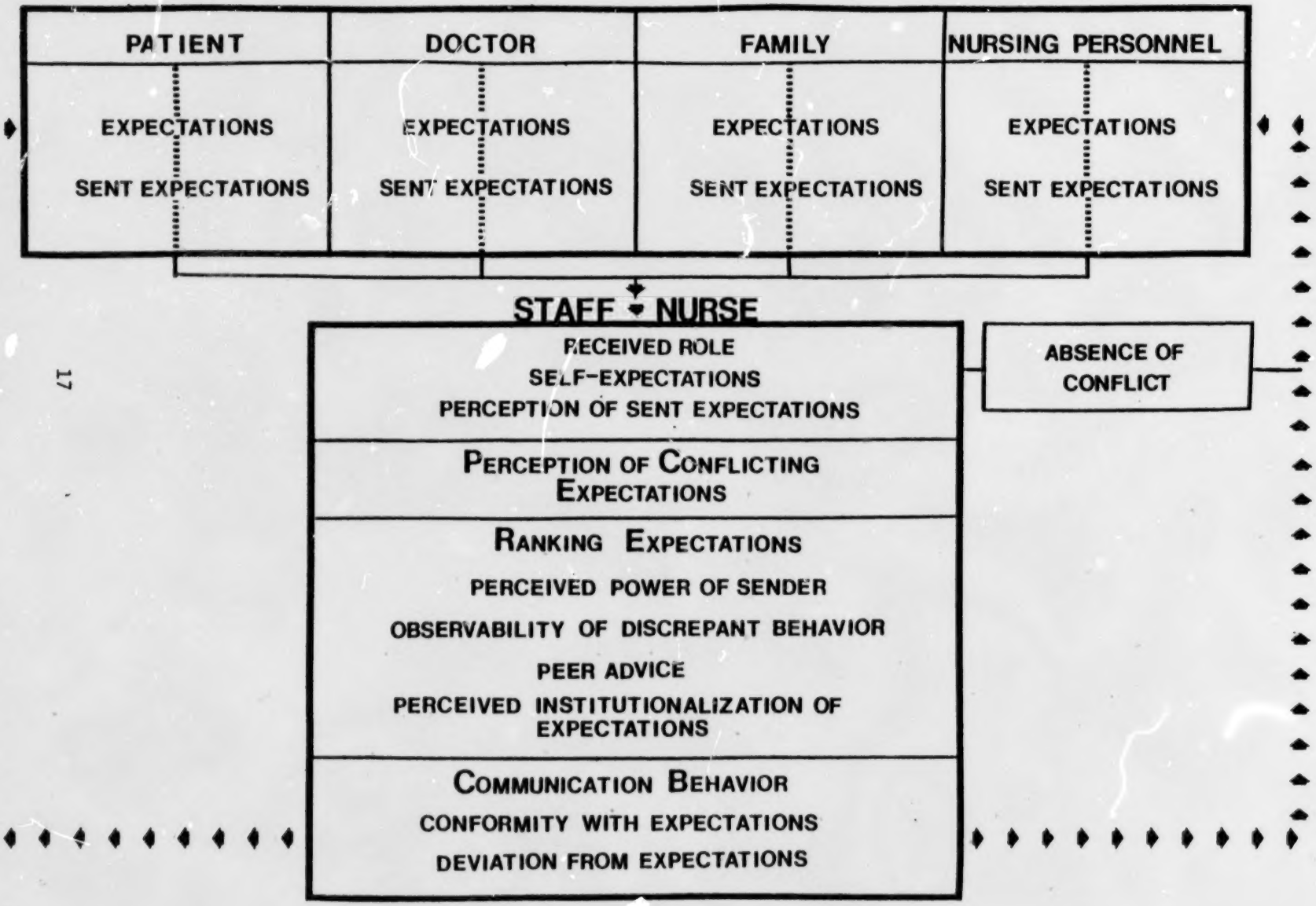
If the nurse feels sent expectations are incompatible, or are compatible but impossible to perform within given time and quality limitations, a decision must be made regarding the priority of each expectation. The decision may be based upon one or a combination of variables. Among other things, the nurse may take into consideration the power of the role sender (including the nurse's own power to ignore or resist expectations which conflict with the nurse's self-expectations), the observability of discrepant behavior, advice from peers, and the perceived institutionalization of each expectation. The nurse's decision to conform or deviate from a particular expectation is dependent upon the nurse's assessment of situational variables, and the relative amount of risk involved in different responses. The feedback arrows from the nurse's communication behavior to the expectations of the role-set members, implies a specific communication behavior performed by the nurse may or may not influence the role-set member's subsequent communication expectations. This may be dependent upon the observability of the nurse's behavior, the role-set member's involvement with a particular expectation, the frequency with which deviating behavior occurs, etc.

Katz and Kahn (1966) suggest their model is oversimplified in many ways. Several of their suggestions apply to the nursing model as well. The nursing model implies role sending, role receiving, and the like, consist of a series of discrete events. In reality, the model is simply an abstraction of a complex phenomenon. The formulation, enactment, and refinement of role expectations is an ongoing process, based upon the intricate interaction of organizational and personal variables. Further-

more, as a matter of convenience, the model does not consider the influence of several organizational factors upon the communication behavior of nurses. For example, the effect of interdepartmental and administrative factors upon a nurse's communication behavior is not examined. Despite these simplifications and omissions, however, the model provides a means of investigating the frame of reference of those individuals with whom the nurse commonly interacts. As such, it was considered a practical tool for analyzing the communication behavior of staff nurses.

Application of the Model to Other Statuses

The real value of the model is that it is not limited to examining only the communication behavior of staff nurses. The model can be used to identify the communication demands of any position, once the pertinent role-set members associated with the position have been identified. As such, the model could assist instructors in identifying the communication needs of prospective teachers, business men, lawyers, doctors, etc. The model is useful in that it helps an instructor analyze the communication needs of a given occupation in a comprehensive manner. Potential conflicting communication expectations can be identified, and optional reactions can be discussed. Rather than simply receiving instruction in the communication skills helpful to any job-holder, the learners receive instruction which addresses the multitude of contextual variables associated with a given status. Hopefully this approach will make the instruction more meaningful and relevant for the learner.



Attachment A

FOOTNOTES

[1]R. J. Matlon, & I. R. Matlon, Index to journals in communication studies through 1974, Falls Church, Virginia: Speech Communication Association, 1975; examination of all issues of Communication Monographs, Communication Education, Southern Speech Communication Journal, Western Speech, Central States Speech Journal, Today's Speech, Journal of Communication, during 1974-1978; all issues of Human Communication Research, 1974-1978; Comprehensive Dissertation Index, 1861-1978, Ann Arbor, Michigan: Xerox University Microfilms.

[2]M. Granbois (Ed.), Cumulative Index to Nursing Literature, Vols. 1-23 (1956-1978), The Seventh-Day Adventist Hospital Association; V. Henderson (Ed.), Nursing Studies Index, Vols. 1-4 (1900-1959), Philadelphia: American Journal of Nursing Co.; E. M. Maloney, Interpersonal relations, Dubuque, Iowa: William C. Brown, 1966; T. Kron, Nursing team leadership, Philadelphia: W. B. Saunders, 1967; G. K. Lewis, Nurse-patient communication, Dubuque, Iowa: William C. Brown, 1969; G. Burton, Personal, impersonal, and interpersonal relations, New York: Springer, 1970; E. C. Lambertsen, Nursing team organization and functioning, New York: Teacher's College Press, 1953; C. E. Carlson (Ed.), Behavioral concepts and nursing intervention, Philadelphia: J. B. Lippincott, 1970; E. L. Brown, Nursing reconsidered, Part II, Philadelphia: J. B. Lippincott, 1970; E. L. Brown, Newer dimensions of patient care, Part II, New York: Russell Sage Foundation, 1962; J. V. Gorton, Behavioral components of patient care, London: Collier-MacMillan, 1970; [illegible] V. Fuerst & L. Wolff, Fundamentals of nursing, Philadelphia: J. B. Lippincott, 1969; R. Ramsey, The patient as person, London: Yale University Press, 1970; R. M. Borough, Elements of rehabilitation in nursing, St. Louis: C. V. Mosby, 1976; L. M. Douglass, & E. O. Bevis, Nursing leadership in action, St. Louis: C. V. Mosby, 1974; V. B. Byers, Nursing observation, Dubuque, Iowa: William C. Brown, 1965; F. G. Abdellah, I. L. Beland, A. Martin, & R. V. Matheny, Patient-centered approaches to nursing, New York: MacMillan, 1960; M. A. Johnson, Developing the art of understanding, New York: Springer, 1967; G. K. Lewis, Nurse-patient communication, Dubuque, Iowa: William C. Brown, 1969; L. Berstein, and R. H. Dana, Interviewing & the health profession, New York: Appleton-Century Crofts, 1970.

[3]Although a great deal of literature on role theory is available, much of it is repetitive. Katz and Kahn (1966) are cited often because of their emphasis on communication in their explanation of role theory, and their new insights into role behavior. If, however, additional classical theorists are sought to supplement those cited in the review, see: D. C. McClelland, Personality, New York: Dryden, 1951; R. H.

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